Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	004458	A. BUILDING: _____ B. WING _____	C 05/02/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SETTLERS HOUSE	3304 MONROE ST LA PORTE, IN 46350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for Investigation of Complaints IN 00127308. Complaint IN 00127308 was Unsubstantiated due to lack of sufficient evidence. Survey date: May 1 and 2, 2013. Facility number: 004458 Provider number: 004458 AIM number: NA Survey team: Christine Fodrea, RN, TC Census bed type: Residential: 29 Total: 29 Census payor type: Other: 29 Total: 29 Sample: 3 Settler's House was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint number IN00127308. Quality Review 05/03/13 by Lisa McColly.	R 000		